

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-021141

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4596

STATE FILE NUMBER

1. ~~FILED~~ MAY 23 1962

a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis  
c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY  
c. CITY OR TOWN St. Louis  
d. STREET ADDRESS (If outside, give location)  
4639 Morganford

3. NAME OF DECEASED (Type or print)  
First Middle Last  
JOHN W WERNER

4. DATE OF DEATH  
Month Day Year  
May 3 1962

5. SEX male  
6. COLOR OR RACE white  
7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/5/1889  
9. AGE (last birthday) 72  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
retired painter

11. BIRTHPLACE (City and state or country) Illinois  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME  
not known

13b. MOTHER'S MAIDEN NAME  
not known

14. NAME OF HUSBAND OR WIFE  
Helen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
17. INFORMANT Address  
Arthur Werner 7845 Decatur

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Diabetes Mellitus  
DUE TO (b) Generalized Arterio Sclerosis  
DUE TO (c) 260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐  
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐  
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐  
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Paul J. Simon Deputy Coroner  
22b. ADDRESS 300 Clark  
22c. DATE SIGNED 5/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial  
23b. DATE 5/7/1962  
23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery  
23d. LOCATION (City, town, or county) St. Louis, Mo.

24. FUNERAL DIRECTOR John L Ziegenhein & Sons  
ADDRESS 7027 Gravois  
25. DATE RECD. BY LOCAL REG. MAY 5 1962  
26. REGISTRAR'S SIGNATURE R. M. Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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DATE AMENDED

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grannis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.